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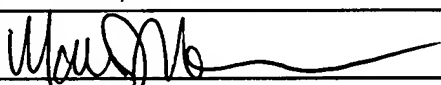
 TRANSMITTAL FORM	Application Number	10/675035
	Filing Date	30-Sep-2003
	First Named Inventor	Reid, Ray
	Art Unit	3725
	Examiner Name	Suhol, Dmitry
Total Number of Pages in This Submission	Attorney Docket Number	37125-66063

ENCLOSURES (Check all that apply)

- | | | |
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| <input type="checkbox"/> Fee Transmittal Form
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<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any over-payment, to Deposit Account Number <u>20-0823</u> . I have enclosed a duplicate copy of this sheet.
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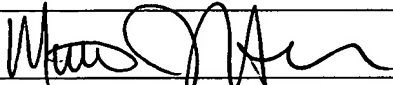
Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Thompson Coburn LLP		
Signature			
Printed name	Matthew J. Himich		
Date	5/11/07	Reg. No.	47,650

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